


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	TWO SHOT MOLDING WITH SOFT BOLSTER OPTION		
Application Type : regular, utility			
Attorney Docket Number : 9046000004			
Correspondence address:			
Customer Number:		27572	
Inventors Information:			
<u>Inventor 1:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Name prefix:</b>	Mr.		
<b>Given Name:</b>	John		
<b>Middle Name:</b>	D		
<b>Family Name:</b>	Youngs		
<b>Residence:</b>			
<b>City of Residence:</b>	Southgate		
<b>State of Residence:</b>	MI		
<b>Country of Residence:</b>	US		
<b>Address-1 of Mailing Address:</b>	15612 Cameron		
<b>Address-2 of Mailing Address:</b>			
<b>City of Mailing Address:</b>	Southgate		
<b>State of Mailing Address:</b>	MI		
<b>Postal Code of Mailing Address:</b>	48195		
<b>Country of Mailing Address:</b>	US		
<b>Phone:</b>			
<b>Fax:</b>			
<b>E-mail:</b>			
<u>Inventor 2:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Name prefix:</b>	Mr.		

**Given Name:** James  
**Family Name:** Gregory  
**Residence:**  
**City of Residence:** Harrison Township  
**State of Residence:** MI  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 39040 Parkway Circle  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Harrison Township  
**State of Mailing Address:** MI  
**Postal Code of Mailing Address:** 48045  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 3:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Name prefix:** Mr.  
**Given Name:** Mark  
**Family Name:** Heinze  
**Residence:**  
**City of Residence:** Clarkston  
**State of Residence:** MI  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 4933 Menominee Lane  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Clarkston  
**State of Mailing Address:** MI  
**Postal Code of Mailing Address:** 48348  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 4:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Name prefix:** Mr.  
**Given Name:** John  
**Family Name:** Slaven

**Residence:****City of Residence:** Grosse Pointe Shores**State of Residence:** MI**Country of Residence:** US**Address-1 of Mailing Address:** 16 Hawthorne**Address-2 of Mailing Address:****City of Mailing Address:** Grosse Pointe Shores**State of Mailing Address:** MI**Postal Code of Mailing Address:** 48236**Country of Mailing Address:** US**Phone:****Fax:****E-mail:****Attorney Information:**

practitioner(s) at Customer Number:

27572



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

**Assignee 1:****Organization Name:** Lear Corporation**Address-1 of Mailing Address:** 21557 Telegraph Road**Address-2 of Mailing Address:****City of Mailing Address:** Southfield**State of Mailing Address:** MI**Postal Code of Mailing Address:** 48086**Country of Mailing Address:** US**Phone:****Fax:****E-mail:**